Indiana State Department of Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.1.12 . 2.1.1		152.11.11.10.11.10.11.10.11.52.11.	A. BUILDING: _			
005075		B. WING		07/22/2015		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ST VINCE	NT HOSPITAL & HEALTH	I SERVICES 2001 W 8	STH ST POLIS, IN 4626)		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS		S 000			
	This visit was for the hospital complaint.	investigation of a State				
	Complaint Number: IN00161031 Substantiated: A defi allegations is cited an cited.	ciency related to the d an unrelated deficiency is				
Date: 7-22-15 Facility Number: 005075						
	QA: cjl 09/02/15					
S 322	410 IAC 15-1.4-1 GO	VERNING BOARD	S 322			
	410 IAC 15-1.4-1(c)(6	S)(H)				
	 (c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following: 					
	(H) Requiring all serv policies and procedur updated as needed a least triennially.	es that are				
	This RULE is not met as evidenced by: Based on document review and interview, the governing board failed to ensure its restraint or seclusion policy/procedure was followed for 1 of 6 medical records (MR) reviewed (patient 27).					

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Indiana State Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		PLETED
005075		B. WING		07	/22/2015	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	TE, ZIP CODE		
07.41.07		2001 W 8	BETH ST			
ST VINCE	NT HOSPITAL & HEALTH	I SERVICES INDIANA	POLIS, IN 4626)		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN	OF CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	COMPLETE DATE
S 322	Continued From page	e 1	S 322			
	Findings:					
	1. The policy/proced	ure Restraint or Seclusion				
		ated the following: "Each				
	* * * *	r seclusion use, including				
	circumstances leading	g to use, must be				
		edical record with plan of				
	_	pe or technique of restraint				
		st be the least restrictive				
		be effective. The rationale				
	• •	ntion selected must be				
		edical recordtime of traint must be documented				
	Restraint Use for As					
	BehaviorUpon initia					
	seclusion, the patient					
	·	discontinuing restraint or				
	seclusion and, whene					
		ese criteria. The criteria,				
		criteria and assistance				
	provided to the patier	nt must be documented in				
	the medical record. V	When restraint or seclusion				
	is used for the manag	gement of violent or				
		vior, the patient must be				
		or nurse practitioner within				
		of the intervention. The				
		sessed during this evaluation				
		ne medical record. 1.) The				
		ituation 2.) The patient's				
		ention 3.) The patient's				
		ral condition 4.) The need to the restraint or seclusion				
	The one hour evalu	or Physician Assistant (PA)				
	who has received trai	· · · ·				
		straint or seclusion is used				
		self-destructive behavior				
	_	ical safety of the patient, the				
		ed in accordance with the				

Indiana State Department of Health

STATE FORM 6899 T4P911 If continuation sheet 2 of 8

Indiana State Department of Health

MANE OF PROVIDER OR SUPPLIER ST VINCENT HOSPITAL & HEALTH SERVICES TOINT SUMMAN STATEMENT OF DEFICIENCIES PRITTY TOINT SEASON DEFINITION OF DEFICIENCIES (PARTY STATE) PRITTY (PRITTY TOINT SEASON DEFINITION OF THE PROPERTIES	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER ST VINCENT HOSPITAL & HEALTH SERVICES 2001 W 86TH ST INDIANAPOLIS, IN 46260 [MA] ID PREFIX TAG S322 Continued From page 2 following time limits: 1, every 4 hours for adults 18 years of age or olderIf the RN assessment determines the need for restraint or seclusion to extend beyond the time limit of the original order as specified above, a verbal/telephone order must be obtained. Continued retraint or seclusion is limited to the time frames listed below: 1,) Adults 18 years of age or older = one (1) additional 4 hour period for a maximum of 8 hours in restraint or seclusionIf the need for restraint or seclusion extends beyond the time frames noted in (B.) above, the physician or nurse practitioner must see and reevaluate the patient before issuing continued orders for restraint or seclusion. The RN will assess the patient upon initiation, hourly, and upon release. Assessment and documentation include vital signslevel of self controlcontinued clinical indications for use of restraint or seclusionphysical and psychosocial status and comfortreadiness for release from restraint or seclusion in physical and psychosocial status and comfortreadiness for release from restraint or seclusion in physical and psychosocial status and comfortreadiness for release from restraint or seclusion in physical and psychosocial status and comfortreadiness for release from restraint or seclusion or seclusion or restraint or seclusion in the medical record* 2. The MR documentation for patient 27 failed to							
ST VINCENT HOSPITAL & HEALTH SERVICES (A4) ID PREFIX TAG (SA) ID PREFIX TAG (SA) ID PROVIDER'S PLAN OF CORRECTION (EACH DERICIBLOY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S 322 Continued From page 2 following time limits: 1.) every 4 hours for adults 18 years of age or olderIf the RN assessment determines the need for restraint or seclusion to extend beyond the time limit of the original order must be obtained. Continued restraint or seclusion is limited to the time frames listed below: 1) Adults 18 years of age or older = one (1) additional 4 hour period for a maximum of 8 hours in restraint or seclusion extends beyond the time frames noted in (8), above, the physician or nurse practitioner must see and reevaluate the patient before issuing continued orders for restraint or seclusion mitted orders for restraint or seclusion mitted orders for restraint or seclusion mitted in the medical record Note that the patient upon initiation, hourly, and upon release. Assessment and documentation include vital signslevel of self controlcontinued clinical indications for use of restraint or seclusionphysical and psychosocial status and comfortreadiness for release from restraint or seclusionphysical and psychosocial status and comfortreadiness for release from restraint or seclusionphysical and psychosocial status and comfortreadiness for release from restraint or seclusionphysical and psychosocial status and comfortreadiness for release from restraint or seclusionphysical and psychosocial status and comfortreadiness for release from restraint or seclusionphysical and psychosocial status and comfortreadiness for release from restraint or seclusiong debriefing must be documented in the medical record"	005075		B. WING		07/22/2015		
Incomplete Inc	NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) S 322 Continued From page 2 following time limits: 1, 1 every 4 hours for adults 18 years of age or olderIf the RN assessment determines the need for restraint or seclusion to extend beyond the time limit of the original order as specified above, a verbaltelephone order must be obtained. Continued restraint or seclusion is limited to the time frames isled below: 1,) Adults 18 years of age or older = one (1) additional 4 hour period for a maximum of 8 hours in restraint or seclusionIf the need for restraint or seclusion extends beyond the time frames noted in (B.) above, the physician or nurse practitioner must see and reevaluate the patient before issuing continued orders for restraint or seclusion: 1, At least every eight (8) hours for adults 18 years of age or olderViolent Restraint or Seclusion Monitoring and Documentation RequirementsThe RN will assess the patient upon initiation, hourly, and upon release. Assessment and documentation include vital signslevel of self controlcontinued clinical indications for use of restraint or seclusionphysical and psychosocial status and comfortreadiness for release from restraint or seclusion on a debriefing about the restraint or seclusion episode will occur with the patient, staff, and family (if appropriate) no later than 24 hours after the initiation of the restraint or seclusion episodethis debriefing must be documented in the medical record"	ST VINCE	NT HOSPITAL & HEALTH	I SERVICES)		
following time limits: 1.) every 4 hours for adults 18 years of age or olderIf the RN assessment determines the need for restraint or seclusion to extend beyond the time limit of the original order as specified above, a verbal/telephone order must be obtained. Continued restraint or seclusion is limited to the time frames listed below: 1.) Adults 18 years of age or older = one (1) additional 4 hour period for a maximum of 8 hours in restraint or seclusionIf the need for restraint or seclusion extends beyond the time frames noted in (B.) above, the physician or nurse practitioner must see and reevaluate the patient before issuing continued orders for restraint or seclusion: 1.) At least every eight (8) hours for adults 18 years of age or older Violent Restraint or Seclusion Monitoring and Documentation RequirementsThe RN will assess the patient upon initiation, hourly, and upon release. Assessment and documentation include vital signslevel of self control continued clinical indications for use of restraint or seclusionphysical and psychosocial status and comfortreadiness for release from restraint or seclusiona debriefing about the restraint or seclusion episode will occur with the patient, staff, and family (if appropriate) no later than 24 hours after the initiation of the restraint or seclusion episodethis debriefing must be documented in the medical record" 2. The MR documentation for patient 27 failed to	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
restraints including a description of the patient's escalating agitation and aggressive or violent behaviors that supported the selection of four point restraints as the least restrictive method of restraint. 3. The order on 12-08-14 at 2259 hours for 4	\$ 322	following time limits: 18 years of age or old determines the need extend beyond the tin as specified above, a must be obtained. Co seclusion is limited to below: 1.) Adults 18 y (1) additional 4 hour phours in restraint or seclusion frames noted in (B.) a nurse practitioner mu patient before issuing restraint or seclusion: hours for adults 18 ye Restraint or Seclusion Documentation Requi assess the patient up upon release. Assess include vital signslecontinued clinical in or seclusiona debris seclusion episode will and family (if appropriate the initiation of the pisodethis debried the medical record	derIf the RN assessment for restraint or seclusion to the limit of the original order verbal/telephone order or the time frames listed vers of age or older = one or one of the physician or seculusionIf the need for extends beyond the time above, the physician or set see and reevaluate the continued orders for a 1.) At least every eight (8) ears of age or older Violent in Monitoring and irementsThe RN will on initiation, hourly, and sement and documentation evel of self control dications for use of restraint all and psychosocial status eas for release from restraint intelling about the restraint or I occur with the patient, staff, iate) no later than 24 hours the restraint or seclusion fing must be documented in the restraint or seclusion fing must be documented in the restraint or seclusion of the patient's and aggressive or violent red the selection of four the least restrictive method of	S 322			

Indiana State Department of Health

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Indiana State Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		005075	B. WING		07	12212015
		003073			1 07	/22/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE		
ST VINCE	NT HOSPITAL & HEALTH	H SERVICES 2001 W	86TH ST			
		INDIAN	IAPOLIS, IN 46260			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S 322	Continued From page	e 3 o violent, self-destructive	S 322			
	· -	9-14 at 0257 hours and				
		cian assistant PA35 indicated				
		nent as the reason for use				
		mediate threat of injury to				
	others or to self" a					
	•	ion or behavior(s) that was				
		result in injury without				
	immediate intervention as seen in the non-violent restraint orders for patient 27 on 12-08-14 at 0841 hours by nurse practitioner NP31 (patient					
		s "attempting to remove the				
		"inability to follow safety				
		and in the restraint orders				
		or patient 27 on 12-09-14 at practitioner NP31 (patient				
		s "decreased agitation				
		nt able to control behavior				
	and cope with the env					
		tation by nurse N42 and dicate that patient 27 was				
		ioral criteria that would result				
	in discontinuing the re	estraints when satisfied. The				
		09-14 at 1133 hours by				
	•	31 indicated the following				
	behavioral criteria for					
	to control behavior ar	(motor activity), patient able				
		MR entry indicated that the				
		e of the newly established				
		ing the 4 way restraints for				
		otified the patient of the				
	criteria to be met for r	releasing the restraints.				
		ndicate the patient was				
		cian, licensed independent				
		tered Nurse or Physician				
		onduct the evaluation within ion of the restraint ordered				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		005075	B. WING		07	//22/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
ST VINCE	NT HOSPITAL & HEALTH	I SERVICES	86TH ST APOLIS, IN 46260			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S 322	by physician assistan hours to document th patient's response to mental and physical ocontinue or discontinue. 6. During an interview the director of quality to document a face-to physician or LIP within the restraint on 12-08. 7. The MR failed to in re-evaluated on 12-09 physician, licensed in Physician Assistant (I initial restraint applications before issuing or restraints. 8. On 7-24-15 at 165 quality A2 confirmed to physician or LIP exampatient after 8 hours frestraints for violent or before issuing continue. 9. The MR document indicate the criteria for restraints for violent to order on 12-09-14 at practitioner NP31 (de activity), patient able with the environment) the patient met the correstraints or documer removal to demonstrationits per facility policians.	t PA35 on 12-08-14 at 2259 e immediate situation, the the situation and current condition, and the need to ue the restraint. W on 7-22-15 at 1400 hours, A2 confirmed the MR failed oface evaluation by a n one hour of the initiation of 1-14 at 2259 hours. Indicate the patient was 19-14 at 0700 hours by a dependent provider (LIP), or 19-A) after 8 hours from the ation on 12-08-14 at 2259 continued orders for Thours, the director of the MR failed to document a nined and re-evaluated the from the application of or self-destructive behavior used orders for restraints. Itation by nurse N44 failed to or discontinuing the 4 way we havior identified in the 1133 hours by nurse creased agitation (motor to control behavior and cope of and failed to indicate that iteria for removing the	S 322			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
	005075		B. WING		07/2	2/2015	
		000010				1 0172	2/2010
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
ST VINCE	NT HOSPITAL & HEALTH	SERVICES	2001 W 861 INDIANAPO	H S I DLIS, IN 46260)		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F .SC IDENTIFYING INFORMA	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
S 322	Continued From page	e 5		S 322			
	quality A2 indicated the documentation fields discontinued at 1340 confirmed that no document 27 by nurse N indicated the criterial findicated the patient of the restraints, or indicated the patient of the restraints, or indicated from the patient of the restraints of the patient of the restraints of the documentation fields discontinued. 11. The MR failed to debriefing including the (if appropriate) was confirmed in the MI of the minimal forms of the initial restraint of the self-destructive behaviors.	ne electronic MR for restraint data entry hours on 12-09-14 an cumentation in the MR 44 or other registered for removing the restraint met the criteria for rem cated that the restraint cient around the time to for restraint data entry indicate that a patient ne patient, staff, and fa conducted no later than itiation of restraints an R per facility policy. 57 hours, the director the MR failed to docur is conducted within 24 order for violent or	d for nurse aints, noving s were he were amily 124 d of ment a				
S 732	410 IAC 15-1.5-4 ME SERVICES 410 IAC 15-1.5-4(d)(1			S 732			
	(d) The medical recor sufficient information						
	(1) identify the patien(2) support the diagn(3) justify the treatme(4) document accura of treatment andThis RULE is not me	osis; ent; and tely the course results.					
	THIS NOLE IS HOUTHE	i as evidenced by.					

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Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		:D:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		005075	B. WING _	B. WING		
NAME OF P	ROVIDER OR SUPPLIER	•	STREET ADDRESS, CITY,	STATE, ZIP CODE		
ST VINCE	NT HOSPITAL & HEALT	H SERVICES	2001 W 86TH ST INDIANAPOLIS, IN 46	3260		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUI LSC IDENTIFYING INFORMATIO	ID LL PREFIX	PROVIDER'S PLAN	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
S 732	Based upon docume facility failed to follow ensure that the medi sufficient information course of treatment a reviewed (patient 27 Findings: 1. The policy/proced Requirements (approfollowing: "The purp tojustify the patient services, document the patient's care, trerequired componerobservations relevaservices[and]the treatment, and service 3. The MR documer PA35 or by staff nursed description of the paraggressive or violent a need to use four porestrictive method of documentation indicated behavior (grabbing, havisitors, verbal threat visitors, attempts or a or others, damaging exhibited by the patier restraints and no MR event involving multipatient.	nt review and interview, vits policy/procedures are cal record (MR) contained to accurately document and results for 1 of 6 MR. It was desirable to accurately document and results for 1 of 6 MR. It was desirable to accurately document and results for 1 of 6 MR. It was desirable to accurate the ose of the medical record the course and result(s) of the eather, and services. It is of the medical record and to care, treatment, and apatient's response to cases" Intation by physician assiste the N42 failed to indicate a tient's agitation and behaviors that escalated behaviors that escalated behaviors that escalated interestraints. No MR atted an aggressive or viciniting, or pushing staff of the cast and the self, staff, or actually causing injury to fixtures or furniture, etc.) and the physically restrain the physically restrain the	nd ed the d is of nd are, stant a d to st olent r self n of d an ing			
	quality A2 was reque	20 hours, the director of sted to provide e physician assistant PA				

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STATE FORM 6899 T4P911 If continuation sheet 7 of 8

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
	005075				07/	/22/2015
NAME OF P	ROVIDER OR SUPPLIER		ET ADDRESS, CITY, STA	TE, ZIP CODE		
ST VINCE	NT HOSPITAL & HEALTH	I SERVICES	W 86TH ST ANAPOLIS, IN 4626	0		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
S 732	the staff nurse N42 in exhibited by the patie the use of restraints of 4. On 7-24-15 at 164 quality A2 indicated the observations identifie of 4 way restraint approfipatient behaviors be 2345 hours after the reconfirmed no other documents.	dicating the behaviors nt for the time period prior to on 12-08-14 at 2300 hours. 7 hours, the director of	S 732			

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